FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

FORM D

PEC 2 NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION



SEC USE ONLY						
Prefix		Serial				
DATE RECEIVED						

Name of Offering (☐ check	if this is an amendment and name has changed, and indica	ate change.) ~ 1000
2002 William Morris Ag	ency, Inc. New Class A Common Stock Offering non Stock Offering of 26,000 Shares	ng of 100 Shares
and New Class C Comm	non Stock Offering of 26,000 Shares	
Filing Under (Check box(es) that	at apply): \square Rule 504 \square Rule 505 \boxtimes Rule 506 \square	☐ Section 4(6) ☐ ULOE
Type of Filing: New Fili	ng	
	A. BASIC IDENTIFICATION DATA	1
1. Enter the information reque	ested about the issuer	
Name of Issuer (☐ check if	f this is an amendment and name has changed, and indicate	change.)
William Morris Agency,	Inc.	
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
151 El Camino Dr., Beve	erly Hills, California 90212	(310) 859-4208
Address of Principal Business C	Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offi	ices) same	(310) 859-4208
Brief Description of Business		
Entertainment artists' re	epresentation company; also engaged in owner	rship and operation of real estate.
Type of Business Organization		
oxtimes corporation	☐ limited partnership, already formed ☐	other (please specify): PROCESSED
☐ business trust	☐ limited partnership, to be formed	
	Month Year	£000 e 0 144 e
Actual or Estimated Date of Ir	ncorporation or Organization: 0 1 7 8	⊠ Actual □ Estimated → JAN 022003
Jurisdiction of Incorporation of	r Organization: (Enter two-letter U.S. Postal Service abbre	eviation for State: THOMSON
	CN for Canada, FN for other foreign juris	
CENEDAL INCTDUCTION	C	

GENERAL INSTRUCTIONS

Federal.

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address. Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Brokaw, Norman R. Business or Residence Address (Number and Street, City, State, Zip Code) 151 El Camino Drive, Beverly Hills, California 90212 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Griffin, James Business or Residence Address (Number and Street, City, State, Zip Code) 151 El Camino Drive, Beverly Hills, California 90212 Check Box(es) that Apply: Beneficial Owner □ Director General and/or Promoter Executive Officer Managing Partner Full Name (Last name first, if individual) Haskell, III, Samuel B. Business or Residence Address (Number and Street, City, State, Zip Code) 151 El Camino Drive, Beverly Hills, California 90212 Check Box(es) that Apply: Promoter ☐ Beneficial Owner □ Director General and/or Managing Partner Full Name (Last name first, if individual) Kannof, Alan Business or Residence Address (Number and Street, City, State, Zip Code) 1325 Avenue of the Americas, New York, New York 10019 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Kram, Steven H. Business or Residence Address (Number and Street, City, State, Zip Code) 151 El Camino Drive, Beverly Hills, California 90212 □ Director General and/or Check Box(es) that Apply: Promoter ☐ Beneficial Owner Managing Partner Full Name (Last name first, if individual) Laster, Owen Business or Residence Address (Number and Street, City, State, Zip Code) 1325 Avenue of the Americas, New York, New York 10019 Check Box(es) that Apply: Promoter ☐ Beneficial Owner □ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Rosenberg, Richard A.

(Number and Street, City, State, Zip Code)

Business or Residence Address

151 El Camino Drive, Beverly Hills, California 90212

		A. BASIC IDENTIF	TICATION DATA		
(Use blank shee	t, or copy and use addition	onal copies of this sheet	, as necessary)	
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Simpson, Mike					
Business or Residence Addre	ess (Number	and Street, City, State, 2	Zip Code)		
151 El Camino Drive, Bever	ly Hills, Califor	mia 90212			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Weintraub, Irving J.					
Business or Residence Addre	ess (Number	and Street, City, State, 2	Zip Code)		
151 El Camino Drive, Bever	ly Hills, Califor	nia 90212			•
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Wiatt, James A.					
Business or Residence Addre	ess (Number	and Street, City, State, 2	Zip Code)		
151 El Camino Drive, Bever	ly Hills, Califor	nia 90212			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Wirtschafter, David					
Business or Residence Addre	ess (Number	and Street, City, State, 2	Zip Code)		
151 El Camino Drive, Bever	ly Hills, Califor	mia 90212			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Zifkin, Walter					
Business or Residence Addre	ess (Number	and Street, City, State, 2	Zip Code)		
151 El Camino Drive, Bever	-		-		

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					B. INF	ORMAT	ION ABO	UT OFFI	ERING				
									Yes No				
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							🔲 🛛						
Answer also in Appendix, Column 2, if filing under ULOE.													
2. Wha	at is the m	inimum ir	vestment	that will b	e accepted	d from any	individua i	d?	· · · · · · · · · · · · · · · · · · ·				\$ <u>100.00</u>
													Yes No
			-	-	-								🔲 🛛
											rectly, any		
											ffering. If th a state		
											ns of such		
			orth the in		for that b	roker or d	ealer only.	None					
	•	name first,	if individ	ual)									
N/A Busines		ence Add	ress (Num	her and St	reet City	State Zir	Code)						
Dusines	or resid	chec / taa	1035 (114111	oci una o	1001, 011,	otato, zn	Code						
Name o	f Associat	ed Broker	or Dealer										
1 variie 0	1 Associat	ed Diokei	or Dealer										
States in	Which P	erson List	ted Has So	licited or	Intends to	Solicit Pr	ırchasers						<u> </u>
													All Ctatas
-					ŕ								All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA]. [PR]	
			if individ		[01]	[, ,]	[7 7 1]	[,,,,,]	[" ']	['' ']	[" 1]	[110]	
N/A	•	,		/									
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name o	f Associat	ed Broker	or Dealer										
States in	n Which P	erson List	ted Has So	licited or	Intends to	Solicit Pu	ırchasers						
(Check "All States" or check individual States)							All States						
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY] ·	[PR]	
Full Na N/A		name first,	if individ	ual)									
		lence Add	ress (Num	ber and St	reet, City.	State, Zir	Code)	id	\			,	
					,,	,,,	, 2020,						
Name o	f Associat	ed Broker	or Dealer										
_													
States i	n Which P	erson List	ted Has So	licited or	Intends to	Solicit P	urchasers						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)								All States					
					•								All States
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO]	[CT]	[DE] [MD]	[DC]	[FL] [MI]	[GA] [MN]	(HI) [MS]	[ID] [MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[LA] [NM]	[ME] [NY]	[NC]	[MA] [ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amounts of the transaction is an exchange offering box and indicate in the columns below the amounts of the securities offered for exalready exchanged.	, che	ck this		
	Type of Security	,	Aggregate Offering Price	Aı	mount Already Sold
	Debt	\$	0	\$	0
	Equity	\$	26,100	\$	26,100
	Convertible Securities (including warrants)	\$	0	\$	0
	Partnership Interests	\$_	0	\$	0
	Other (Specify Voting Trust Certificates)	\$_	0	\$	0
		\$_	26,100	\$	26,100
	Answer also in Appendix, Column 3, if filing under ULOE				
2.	Enter the number of accredited and non-accredited investors who have purchased secur offering and the aggregate dollar amounts of their purchases. For offerings under Rule 5 the number of persons who have purchased securities and the aggregate dollar amount purchases of the total lines. Enter "0" if answer is "none" or "zero."	04, i	ndicate		Aggregate
			Number Investors		Oollar Amount of Purchases
	Accredited Investors		6	\$	26,100
	Non-accredited Investors		0	\$	0
	Total (for filings under Rule 504 only)		· · · · · · · · · · · · · · · · · · ·	\$	
	Answer also in Appendix, Column 4, if filing under ULOE				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for a sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months first sale of securities in this offering. Classify securities by type listed in Part C - Question	prior	to the		
	Type of Offering		Type of Security	D	Oollar Amount Sold
	Rule 505		2001111	\$	50.0
	Regulation A			\$ \$	
	Rule 504			\$ \$	
	Total			s	
4.	a. Furnish a statement of all expenses in connection with the issuance and distributed securities in this offering. Excluded amounts relating solely to organization expenses of the information may be given as subject to future contingencies. If the amount of an expense not known, furnish an estimate and check the box to the left of the estimate.	f the	issuer.		
	Transfer Agent's Fee	•••••		□ \$_	0
	Printing and Engraving Costs	••••		□ \$_	0
	Legal Fees			⊠ \$_	5,000
	Accounting Fees			□ \$_	0
	Engineering Fees			□ \$_	0
	Sales Commissions (specify finders' fees separately)			□ \$_	0
	Other Expenses (identify)			□ \$	0
	Total				5 000

C OFFEDING DDICE NUMBER OF INVESTORS EVRENCES AND	D LICE OF DE	OCCEP		
b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."	O USE OF TE	OCEED	\$	21,100
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.				
Salaries and fees	O Dire At	rment to fficers, ectors, & ffiliates	Pa _j	yments To Others
Purchase of real estate		0		0
Purchase, rental or leasing and installation of machinery and equipment			 □ ·\$	0
Construction of leasing of plant buildings and facilities				0
Acquisition of other business (including the value of securities involved in this offering that may be used in exchange for the assets or securities or another				
issuer pursuant to a merger)			□ \$_	0
Repayment of indebtedness		0	□ \$_ □ \$_	0
Working capital		0		21,100
Other (specify):	D \$	0	□ \$_	0
	 	0	S_	0
Column Totals	🗆 \$	0	S_	0
Total Payments Listed (column totals added)		⊠ \$_	21,100	_
D. FEDERAL SIGNATURE				
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. It following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Excord its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph.	hange Commi	ission, up		
ssuer (Print or Type) William Morris Agency, Inc.		Date Nover	nber,	, 2002
Name of Signer (Print or Type) Title of Signer (Print or Type)				
rving J. Weintraub Executive Vice President a	nd Chief F	inancia	l Office	<u>r</u>

ATTENTION _____ Intentional misstatements or omissions of facts constitute federal criminal violations. (See 18 U.S.C. 1001.)